

ROBERT M. RICH, ESQ.
25 POMPTON AVE
VERONA, NJ 07044

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF NEW JERSEY**

**TRUSTEE'S REPORT OF RECEIPTS AND DISBURSEMENTS AS OF 12/31/2018
Chapter 13 Case # 17-24161**

Re: DENISE GARDENER
522 CHESTNUT PL
TEANECK, NJ 07666-2423

Atty: ROBERT M. RICH, ESQ.
25 POMPTON AVE
VERONA, NJ 07044

NOTE: THIS IS A BASE PLAN IN THE AMOUNT OF \$81,132.00

RECEIPTS AS OF 12/31/2018

(Please Read Across)

Date	Amount	Source Document No.	Date	Amount	Source Document No.
08/03/2017	\$900.00	4178069000 -	09/05/2017	\$900.00	4253597000 -
10/02/2017	\$900.00	4331321000 -	11/02/2017	\$900.00	4411975000 -
12/04/2017	\$1,376.00	4487894000 -	01/22/2018	\$1,376.00	4609100000 -
02/01/2018	\$1,376.00	4634350000 -	02/27/2018	\$1,376.00	4701129000 -
03/26/2018	\$1,376.00	4776040000	05/01/2018	\$1,376.00	4878130000
05/29/2018	\$1,376.00	4943950000	07/02/2018	\$1,376.00	5037515000
07/30/2018	\$1,376.00	5109029000	08/31/2018	\$1,376.00	5192565000
09/24/2018	\$1,376.00	5255477000	10/25/2018	\$1,376.00	5337397000
11/27/2018	\$1,376.00	5417415000	12/31/2018	\$1,376.00	5507234000
Total Receipts: \$22,864.00 - Amount Refunded to Debtor: \$0.00 = Receipts Applied to Plan: \$22,864.00					

LIST OF PAYMENTS TO CLAIMS AS OF 12/31/2018

(Please Read Across)

Claimant Name	Date	Amount	Check #	Date	Amount	Check #
CIT BANK NA	11/20/2017	\$575.80	790,352	12/18/2017	\$846.90	792,288
	01/22/2018	\$1,294.82	794,112	03/19/2018	\$2,589.64	797,807
	04/16/2018	\$1,294.82	799,670	05/14/2018	\$1,294.82	801,554
	06/18/2018	\$1,301.70	803,436	07/16/2018	\$1,301.70	805,791
	08/20/2018	\$1,301.70	807,679	09/17/2018	\$1,301.70	809,656
	10/22/2018	\$1,334.72	811,561	11/19/2018	\$1,334.72	813,532
	12/17/2018	\$1,297.57	815,406			

CLAIMS AND DISTRIBUTIONS

Claim #	Claimant Name	Class	Allowed Claim	Percent to be Paid	Paid	Unpaid Balance *
TTE	TRUSTEE COMPENSATION	ADMIN			1,198.25	TBD
ATTY	ATTORNEY (S) FEES	ADMIN	2,000.00	100.00%	2,000.00	0.00
COURT	CLERK OF COURT	ADMIN	0.00	100.00%	0.00	0.00
0001	CIT BANK NA	MORTGAGE ARRI	71,020.70	100.00%	18,368.18	
0002	ECMC	UNSECURED	248,504.41	*	0.00	
0003	EMERGENCY PHYSICIAN SERVICES OF N	UNSECURED	1,284.00	*	0.00	

Total Paid: \$21,566.43

See Summary

SUMMARY

Summary of all receipts and disbursements from the date the case was filed , to and including: January 18, 2019.

Receipts: \$22,864.00 - Paid to Claims: \$18,368.18 - Admin Costs Paid: \$3,198.25 = Funds on Hand: \$1,297.57

****NOTE:** THIS REPORT IS NOT TO BE USED AS A PAYOFF FIGURE. ADDITIONAL ALLOWED CLAIMS AND OTHER VARIABLES MAY AFFECT THE AMOUNT TO COMPLETE THE PLAN.